ALABAMA DEPARTMENT OF HUMAN RESOURCES
CHILD CARE PERFORMANCE STANDARDS DEFICIENCY REPORT

SECTION A- IDENTIFYING INFORMATION

Facility Name: KIDS CARE - TONEY	Type of Facility : Center [X] Day [X] OST [ ] Night [ ] Family [ ] University [ ] Group [ ]	Date of Visit: 2/12/2026
Facility Address: 4556 JEFF ROAD, TONEY, AL 35773, Madison	Licensee: MADISON CROSS ROADS CHILD DEV CENTER INC	Telephone #: (256) 852-5551
Ages: 6 Weeks to 12 Years	Director (if applicable): PAMELA LANFORD	Capacity: 71 / NA Day Night

SECTION B - DEFICIENCY INFORMATION

Performance Standard Deficiency ***HAZARDS MUST BE CORRECTED IMMEDIATELY****	**Date Corrected by Licensee**
Deficiency Summary	
Failed - Medical, Staff Checklist Comments: Medical has expired.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Expired.	Pending Correction
Failed - Preadmission Form, Child Checklist Comments: Missing signature on page 2.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Expired.	Pending Correction
Failed - Immunization Certificate, Child Checklist Comments: Missing.	Pending Correction

INSTRUCTIONS TO LICENSEE: Column 2, Date Corrected by Licensee, is to be completed by the facility representative after each deficiency is corrected. The facility representative must put the date of correction and his/her initials in Column 2. This form must be returned to the

Department of Human Resources on or before __02/26/26_____, as verification that deficiencies have been corrected.

NOTICE: Any misleading or any false statements or reports made to the Department and/or failure to correct the listed deficiencies can be the basis for adverse action. None of these requirements are to be interpreted to allow anyone to operate in violation of Performance Standards. A facility licensed by the Department must always meet Performance Standards applicable to that facility. It is the responsibility of the licensee to operate in compliance with Performance Standards.

Pamela U. Lanford _____ 02/12/2026 _____

Signature of Facility Representative Date

AJOIA MCGHEE **02/12/26**

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Signature of DHR Licensing Representative Date

COPIES TO: __Center_____